



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and  
Substance Abuse Services**

**Resource/Regulatory Management Section • Accountability Team**

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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Michael Moseley, Director

August 14, 2006

## Memorandum

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To: Directly Enrolled Providers of New Medicaid Services

From: Jim Jarrard, Accountability Team Leader  
DMH/DD/SAS, Resource & Regulatory Management Section

Subject: 2005/2006 Implementation Review of Providers of New Medicaid Services

Between September 11, 2006 and November 2, 2006 the NC Division of MH/DD/SAS will conduct an Implementation Review of providers of the new Medicaid services. The sites and weeks of reviews for the directly enrolled providers are enclosed, and also available on the website indicated below.

**Please keep this letter throughout the review process for reference purposes.**

**Note: All documents required for preparation for this review  
are or will be posted on the DMH/DD/SAS website:**

**<http://www.dhhs.state.nc.us/mhddsas/>**

### **1. Directly Enrolled Providers Included in the Implementation Review:**

- A listing of the directly enrolled providers of new Medicaid services to be reviewed and the review site information is enclosed, and is also available on the website identified above.
- **Specific scheduling information (date and time), directions to each audit site, and the review tool and instructions** will be posted on the DMH/DD/SAS Website listed above by September 1, 2006. **If you do not have access to the internet**, please contact Sandee Resnick at 910-612-5730, or [sandee.resnick@ncmail.net](mailto:sandee.resnick@ncmail.net); or Barbara Flood at 919-218-3872, or [barbara.flood@ncmail.net](mailto:barbara.flood@ncmail.net), so we can make alternate arrangements for you to access this information.



## 2. Review Process:

- Service record specific questions will require that each provider ***bring the records of five (5) individuals served for whom the Person-Centered Plan format has been used.*** These PCPs can be on the format posted on the web in June 2006, or on the newest revision posted on July 13, 2006.
- If the provider does not yet have five (5) PCPs as of the date of review, please bring all that are available.
- For the Implementation portion of the review, providers will be asked to respond to a variety of questions related to their processes for meeting the requirements of the new service definitions, the Memorandum of Agreement, rules, etc.
- On the date of the implementation review, service records and supporting documentation must be located at the review site indicated on the attached schedule.
- All individual agencies are responsible for maintaining or arranging the security of their records.
- **The Implementation Review tool, instructions and a New Service Definition Implementation Questionnaire** will be posted on the DMH/DD/SAS website listed on page one of this letter, by September 1, 2006.
- It is required that the provider **make available on-site, staff persons who are familiar with agency records** for their Implementation Review.
- **Documentation required** on-site includes:
  - √ **Five (5) current Person-Centered Plans (and the service records)**, if five are available.
  - √ **Personnel records for agency staff** to verify the agency has staff that meets the requirements per the service definition for the service provided.
  - √ **Policy and Procedure Manual** showing policies currently in effect.
  - √ **Any written protocols, instructions, minutes from meetings, etc. that would be needed as evidence of having the processes in place that are referred to on the Review Tool.**
  - √ Evidence of **endorsement by the LME** for the service provided.
  - √ **Completed New Service Definition Implementation Questionnaire**

**Please have all items available at the review site.**

## 3. Review Completion:

- At the completion of the implementation review, the review team will leave copies of the completed review tools. This transaction constitutes official notification of the findings of the implementation review.
- **Findings that represent a systemic issue or concern may require that a Plan of Correction be submitted to the Division of MH/DD/SAS.** Information on the DMH/DD/SAS process for submitting plans of correction will be included in the implementation review report.
- **Findings that represent a concern to the Division of Medical Assistance (DMA) may result in receipt of an Education Letter from the Program Integrity Section.** If there are findings that appear to be flagrant or fraudulent, those issues will be referred to DMA Program Integrity.

4. **PREPARE AHEAD:**

- Complete the attached *Provider Response Form* regarding the contact information for future communication about the logistics of the review process, and submit either by fax, mail, or by emailing or telephoning the information to Belinda Beardsley **by Aug. 22, 2006**. You can reach Belinda Beardsley at:  
[Belinda.Beardsley@ncmail.net](mailto:Belinda.Beardsley@ncmail.net)  
(919) 508-0968 (FAX).  
(919) 881-2446 (Phone)  
Or mail to her at the address on this letterhead.
- Complete the *New Service Definition Implementation Questionnaire* found on the website listed on the first page of this letter. **Bring the completed form to your review**, or you may submit the form ahead by sending it to Belinda Beardsley per the contact information above. There is no provider information required on this form. Your responses to the questions will be anonymous and kept confidential.

If you have questions concerning the information in this memorandum, or anything else related to the upcoming 2006 Implementation Review, please contact:

Sandee Resnick

[sandee.resnick@ncmail.net](mailto:sandee.resnick@ncmail.net)

910-612-5730 / cell

Barbara Flood

[barbara.flood@ncmail.net](mailto:barbara.flood@ncmail.net)

919-218-3872 / cell

We look forward to a successful Implementation Review.

CC: Carol Robertson  
Pat Delbridge  
DMH/DD/SAS Executive Leadership Team (ELT)

Attachments: Provider List by Review Site  
Provider List by Provider Name and Number  
Provider Response Form